



City of San Antonio
Hotel Occupancy Tax Report
City of San Antonio and Bexar County

**Finance
Department**

REPORTING PERIOD	REPORT DATE	SLEEPING ACCOMMODATIONS LOCATION
MONTH YEAR	DAY MONTH YEAR	<input type="checkbox"/> Located inside both the City of San Antonio and Bexar County <input type="checkbox"/> Located outside the City of San Antonio but inside Bexar County

Hotel Occupancy Tax Report and payment are due on or **before the 20th day of the month** following the Reporting Period above.

TRADE NAME, ADDRESS, & CONTACT INFORMATION

TRADE NAME (DBA)			
OWNER NAME			
LOCATION ADDRESS			
MAILING ADDRESS			
CONTACT PERSON		TELEPHONE	

HOTEL OCCUPANCY TAX CALCULATION		CITY OF SAN ANTONIO	BEXAR COUNTY
1. TOTAL ROOM RECEIPTS	\$		
2. LESS EXEMPT ROOM RECEIPTS	-		
3. TOTAL TAXABLE ROOM RECEIPTS (Line 1 minus Line 2)	=		
4. HOTEL OCCUPANCY TAX RATES		9.00%	1.75%
5. HOTEL OCCUPANCY TAX DUE (Line 3 multiplied by Line 4)	x		
6. PENALTY			
7. INTEREST	+		
8. AMOUNTS DUE (Line 5 plus Line 6 and Line 7)	=		
9. TOTAL AMOUNT DUE AND PAYABLE TO THE CITY OF SAN ANTONIO	\$		

AFFIDAVIT

(Pursuant to San Antonio City Code, Chapter 31, Article IV, Sec. 70)

I declare that the information contained in this Hotel Occupancy Tax Report is accurate to the best of my knowledge and belief.

DULY AUTHORIZED AGENT (Print Name)	TITLE	SIGNATURE	DATE

Instructions:

1. Complete this form entirely;
2. Sign the form in the designated location;
3. Mail the completed, signed form, along with your payment,
OR
3a. FAX signed form, and call to make payment arrangements,
OR
3b. Scan the completed, signed form and email it as an attachment, and call to make payment arrangements

Mailing Address:

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Department of Finance
Revenue Division
P.O. Box 839975
San Antonio, TX 78283-3975

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